

Health Professional Quality Assurance

Definition: Actions against health care professionals are mechanisms used by regulatory systems to limit access to patients or clients as necessary, correct deficiencies, and monitor for ongoing public safety. These may include restriction or revocation of licensure.

Summary

The Department of Health monitors the quality of practitioners in 43 credentialed health professions.

The primary means of identifying and resolving alleged problems with the quality of care delivered by professionals is a complaint and investigation process that results in actions against the licenses of professionals whose practices do not meet state standards.

Timeliness of actions against unsafe health practitioners is a significant factor in assuring access to competent health care. Unsafe practitioners pose a threat to public safety, while unnecessary restrictions on practice limit the provision of health care.

In fiscal year 1994, there were 5,842 complaints about health professionals, resulting in 554 actions, 468 of which involved removal from practice or restriction from practice with rehabilitation. These involved about 0.3% of all practitioners.

Time Trends

Complaints to the Department of Health concerning health professionals have increased significantly during the last decade. This is due to heightened consumer awareness, growing public expectations, and a 1986 legislative requirement for peer reporting.

In fiscal year 1994, the Department of Health received 5,842 complaints about health professionals, compared to 2,471 in 1988.



Subsequent actions against professionals have also risen. As a result of investigation of complaints received, a total of 554 actions were imposed on health practitioners in fiscal year 1994. All but 86 of those involved removal from practice or restriction from practice with rehabilitation. The number of practitioners affected is only 0.3% of the total number of licensed health care practitioners.

Year 2000 Goal

There are no established Year 2000 goals for these quality assurance functions. Timeliness of actions against unsafe health care providers is a significant factor in assuring public access to competent health care. Unsafe practitioners pose a threat to public safety, while unnecessary restrictions on their services needlessly limit the provision of health care.

The timeliness standard to be met in disciplinary actions stemming from complaints against professional practice is critical to public safety. Time frames are being established for each phase of action during 1996. Data from 1994 will be used as the baseline figures for these time frames. The goal is to achieve 90 percent completion within the established time frames.

Another goal is to decrease the incidence of actions against professionals to no more than 0.27% of licensed providers of all types.

Groups of Particular Interest

Of the 43 credentialed health professions, members of eight (chiropractors, counselors, dentists, physicians, nursing assistants, pharmacists, licensed practical nurses, and registered nurses) account for 85% of all actions taken in 1994. These same eight professions also account for 89% of the complaints received. Study to identify causal factors is warranted. There may be correlative factors, such as education level, age, years in practice, or autonomy of practice, but no analysis has been done to date.

Risk and Protective Factors

While small in number, unsafe practitioners nonetheless pose significant risk for actual harm to public safety and health. Violations of standards by professionals are divided into three categories--minor, moderate, and severe--based on the nature of the violation, the seriousness of resulting injuries, and the risk of harm, as determined by the disciplining authority. Beginning July, 1995 these data are now being collected.

Intervention Points, Strategies and Effectiveness

The current emphasis is on maximum use of technical assistance and other non-disciplinary strategies for resolving concerns about professional practice. These include:

- Establishment of standards of practice and guidance in competent practice by professional boards and commissions in concert with the Department of Health.
- Outreach programs to help providers avoid common problems in practice.
- Technical assistance to providers with less serious violations to acquire the skills, practices, and internal processes required by current standards.

This is a non-disciplinary, collaborative approach, involving individual professionals, professional organizations, and consumers. It reduces demand on the disciplinary system by assuring that providers understand their roles and are capable of fulfilling them.

Systems analysis begun in 1995 and carried through in 1996 will make some improvements needed to increase efficiency and effectiveness in the investigative and disciplinary process for professionals. This may include concentration of focus to more serious violations, redistribution of resources, streamlining flow of process, and possible statutory change in responsibility for decision-making. One goal is to maintain or reduce the proportion of time professional quality assurance staff expend on the disciplinary aspects of their tasks from the current 80 percent.

Data Sources

Statistics: Biennial Reports of Health Professions Disciplinary Activities, Health Professions Quality Assurance Division, Department of Health.

Disciplinary Characteristics: Prepared by Health Policy Office, Health Professions Quality Assurance Division, Department of Health.

For More Information

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